arvland

Cambridge

d. STREET ADDRESS

MARYLAND

C. LENGTH OF STAY IN 16

life

e. IS RESIDENCE

YES | NO A

Year

10

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

(State)

PERFORMED? YES NO

(State)

12. CITIZEN OF WHAT COUNTRY?

1. PLACE OF DEATH

Dorchester

d. NAME OF HOSPITAL (If not in hospital, give street address)

b. CITY OR TOWN (If outside corporate limits, write

Cambrid

RURAL and give nearest town

OR INSTITUTION

p. COUNTY

Pine Cambridge Md Hospita NAME OF Middle last 4. DATE Manth DECEASED OF DEATH (Type or print) Frederick Bailev 2 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TX 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED [ DIVORCED | Male Negro yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of warking life, even if retired) Dor-Co-Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rudolph Anna Bell Chester 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Radinese St. Bailey-Cambridge. I'd. Anna 18. CAUSE OF DEATH [Enter only one cause per line for [a), [b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition Atelctasis DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.1 20c TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) Haur e. fi factory, street, affice bldg., etc.) While Not white at work at work 21. I certify that I attended the deceased from February 7., 1957, to February 141957, that I last saw the deceased 1957 , and that death occurred at\_\_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Pine St-Cambridge. Md. -2-16-57 PHYSICIAN'S Edwin Fassett. M.D. J. NAME (Type) 22a. BURIAL, CREMATION. 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (SPECIFY) Cordtown Cemetery Dor-Co-Md. ADDRESS 24g. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15 [4] St-Camb. . Md. ph DATE. 15M 9/55

Day

Доку

USA

(County)

Dor

Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)

b. COUNTY

CERTIFICATE OF BEATH

BUREAU V. E.

FEB 20 1957



01757 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Misibence before admissional o. COUNT b COUNTY MARYLAND death. RUPAL and sive needed John 0 A. CHE OR TOWN/It outside corpolate limits, write RURAL and give nearest town) c. LERGTH OF STAY IN 16 NAME OF HOSPITAL (If not in hospital, pive street oddress) d STEFFT ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES TI NO 3 NAME OF 4. DATE Middle Month Year DECEASED (Type or print) DEATH within COLOR OF RATE IF UNDER 1 YEAR IS UNDER 24 HR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years hday Months Days Hours DIVORCED WIDOWED [7] YES. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR WITHSTRY 11/BIRTHPLASE (Slote or foreign couply) 12. CHUEN OF WHAT COUNTRY? corbon ofter 13. FATHER'S NAME LA MOTARY S MAIDEN NAME physician mave 13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) | (If yes, give wor or dates of services) 16. SOCIAL SECURITY NO. 12-INFORMANT Build 72 c 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ã ONSET-AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** à any Conditions, if ony, which signed gove rise to immediate DUE TO per coese (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19, WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item IB.) 80 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f, (City or town) (County) (Stote) n26 cremati Hour foctory, street, office bldg., etc.) a. m. While Not while of work at wark p. m Į. Mulurul 21. I certify\_that I attended the deceased from Athat I last saw the deceased that death occurred at 4:30 M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street Fily or lown) state) ACTUAL shaul HOSPITAL PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 225. DATE THEREOF FOR MAME OF CENETERY OR CREMATOR (City, town, or county) EMOVAL (Spenty) pag 0 01 FUNERAL DISECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE VS A15 [4] 1SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEAVIS

BUREAU V. S.

LEB S2 1025

BECEINED

	1143	CEXTIFIC	AIE OF DEAT		Reg. Dist. No.
	DORCHESTE		A CTATE	There deceased lived. If institut	ion: Residence before admission)  DORCHESTER
b. CITY OR TOWN RURAL and give	negrest town	c. LENGTH OF STAY IN 16	1000	Outside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	ERN SHURE STATE	thress) TE HOSPITH (	d. STREET ADDRESS	EY TERRNOE	APT VES NO
3. NAME OF DECEASED (Type or print)	MINNIE	Middle	Boice	4. DATE OF FEBRU	JARY 5 195
S. SEX- FEMALE	6. COLOR OR RACE 7. MARRIE WIDOWE	6.0	12/23/12	9. AGE (In years landay)	Manths Days Hours Mir
10a. USUAL OCCUPAT during most of w	10N (Give kind of work dane 10b. K rking life, even if retired)	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (STORE		12. CITIZEN OF WHAT COUN
13. FATHER'S NAME	PHILIP SMI	TH	14. MOTHER'S MAIDEN	NAME MILLE	R
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? 16. Si (If yes, give war or dafm of services)		INFORMANT ASTERN SE	HORE STATE	tospital Recor
	EATH [Enter only one cause per time				INTERVAL BETWEEN
450.0	IMMEDIATE CAUSE (a)	PRONCE	40 PNEU	MONIA	2 04
Conditions, if	The second secon				
gove rise to cause (a), stating lying cause tost	g the under-	CHENERA	L ARTER	10sclero	SIS SEVERI
PART II. O'  20g. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS CO				
	VAS UNDERLYING 206. DESCI IG CAUSE OF DEATH Y MEDICAL EXAMINER	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item 18.)	
ZOc. TIME OF INJU	While	Nat while f	PLACE OF INJURY (Home, fara actory, street, affice bldg., et	m, 20f. (City or town)	(County) (Sto
21. I certify I	that I attended the decease		21, 1957,10	2-5 195	Zthat I last saw the dece
alive on	5 185	and that deat	h occurred at 4 1	ADDRESS (Street, city or lown,	and an the date stated ab
ACTUAL SIGNATURE	Elonge 5,	erries	M.D. Clero	Onde	Red
PHYSICIAN'S NAME (Type)	FERRE 1	5, LURRI	ER	8 1	
220. BURIAL, CREMATI REMOVAL (Specifi Burial	2/8/1957	20c. NAME OF CEMETERY		22d. LOCATION (City, town,	or county) (State)
23. FUNERAL DIRECTO		ADDRESS	24a. REC	-	STRAR'S SIGNATURE
Le Compte	Funeral Service	Cambridge,	Md DATE	17/5/ 101	mmace or

TO HOSPITAL OR ATTENDING FINYSICIAN: The law requires that the death certificate be executed within 24 hours after death, may be retained by the hospital or attending physician.

TO FU AL DIRECTOR: After this certificate has been signed by the attending physician and completely file in by the funeral page or should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages yond 2 should be fithe registrar prior to burial, cremation, or removal, and in any event within 72 hours death. VS A15 (4) 15M 9/55

24.9 CERTIFICATE OF BLATH

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MARIENEZ DERENESTED	THE STERE
Tel-Array Net	311 MB 818 15 days
CHILLEY TONRING ANT, 35 X	L'ACTERNATION TOWNS HAVE THE
BOIDE FROMWING FROM	MINWIE
38 0681/22/2	THINK SHAPE X
NEW YORK USO	MANE
MARY MILLET	PHILIP SMITH
FIZERY STURE FOR INFACE PRECIOUS	Ab En
ARITRICALERUSIS JENS	
7 711	

_					Keg. Dis	i. No.	
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Whe		If institution: Residence	e before od	mission)
	Dorchester Co.	MARYLAND	Md.	D.		nester	· Co.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside corporate limi	ts, write RURAL and g	ve nearest	town)
(	ambridge Md.	1 Week	X/ Drawbridg	e Md.			
	<ul> <li>d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION)</li> </ul>	address)	d. STREET ADDRESS			e. IS	RESIDENCE N A FARM?
	Cambridge Md. Hospital		Drawbridge	Md.			NO D
3.	NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day	Year
	(Type or print) Josephine	Lord	Bradshaw	DEATH	Feb.	18.	1957
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In years IF UNDER	Doys Ho	NDER 24 HRS.
	ema le White WIDOWE	300	July 2, 1876	80	уп.	Duys Ho	ors Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole o	ir foreign country)	12. CITI	ZEN OF W	HAT COUNTRY
	lousewife	Vone	Drawbridge	Md.	U.	S.A.	
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
	William L. Lord		Ida Hur	lev			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
	**	None Mr	s. Essie Quesa	ıda	Drawbridge	Md.	
	18. CAUSE OF DEATH [Enter only one cause per lin	e for (o), (b), and (c).]				INTERVA	BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CEREBRAL A	ACMORRAL THR	OMBOSIS		I"BA	ND DEATH
	330 × DUE TO						
	Canditians, if any, which	GENERALIZE	ED ARTERIOS	CLEROSI	S		
	gave rise to immediate OUE TO						
	lying couse lost.	SENILITY					
NO	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. W	AS AUTOPSY REORMED?
CATI	VENERAL HER	NIA					NO M
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I ar Part II of it	em 18.)		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	The state of the s		ACE OF INJURY (Home, form,	20f. (City or town	) (C	aunty)	(Stote)
WED	Hour o. m. White of worl	LACI ALLIES	ictory, street, office bldg., etc.)			6	
	21. I certify that I attended the decease	ed from 2/9/57	10 to	2/18/57	, 19,that   la		ha daaaaa
	alive an 2/18/57 19		occurred at2:05A				
	alive diff	, and mar dear		DORESS (Street, cit		e date si	DATE SIGNE
	SIGNATURE CERTS	1 intest	M.D. 200 Maryl				
	SIGNATURE	Nouse	M.D.				
	PHYSICIAN'S Albert E. Bun	ker, M. D.	Cambridg	e, Mary	land		
22	BURIAL, CREMATION, 22b. DATE THEREOF	22c, NAME OF CEMETERY O			ity, town, or county)		State)
١.	REMOVAL (Specify)						arore)
-	Funial Feb. 20, 1957  FUNERAL DIRECTOR'S SIGNATURE	Dorchester ADDRESS		Cambride BY REGISTRAR	Ze Md. Zab. REGISTRAR'S SIG	NATURE	0
	eCompte Funeral Service		DATE 2	109/17	010	100-	1(2)
L	ecombos Lanstar Delaics	Cambridge Md.	DAIL	70/0/	Arna 11	1 acrie	100

may be relatived by the hospital or attending physicion.

TO FULL AL DIRECTOR: After this certificate has been signed by the attending physicion and completely fill the funeral director, page to should be detached for use as the burial-transit permit. Then please remove-corbon papers. Pages would be detached for use as the burial-transit permit. Then please remove-corbon papers. Pages would be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 VS A15 (4) 1SM 9/S5

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CERTIFICATE OF DEATH

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Sidney Land

THE STREET

A STATE OF THE STA

BUREAU V. S.

LEB DE 1825

BECEINED

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01760

	3	640	GERTH	ICA	E OI DEAI			Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	Orchester Co		MARYL		USUAL RESIDENCE (Wo. STATE		ed lived. If institution b. COUNTY			re admiss ster	
b. CITY OR TOWN RURAL and give Cambridge		its, write	c. LENGTH OF STAY II	ч 16	3 Cambridge		orate limits, write R	URAL ond	give nec	arest fown	1)
	SPITAL (If not in hospital,		address)		d. STREET ADDRESS						FARM?
3. NAME OF	THE DIE TO		Middle		Lost LLAK	4. DATE					
DECEASED (Type or print)	Flla	731	Willey		Bramble	OF DEATH	Mon Feb		Do	,	Yeor 19 57
S. SEX	6. COLOR OR RACE	7. MARE	HED THEVER MARRIED	1 8.	DATE OF BIRTH		1.00		R 1 YEAR	2	ER 24 HRS.
Female	White	WIDOWI		-	me 7. 1873		9. AGE (In years last birthday) 83 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPA	ATION (Give kind of work vorking life, even if retired	done 10b.	KIND OF BUSINESS OR			e or foreign o	country)	12. CI	TIZEN C	F WHAT	COUNTRY
Housewif			None		Bucktown	Distr	ict	τ	J.S.	A.,	
13. FATHER'S NAME					4. MOTHER'S MAIDEN	NAME					
James W	illey				Dorothy	Hurle	У				
15. WAS DECEASED I	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	DRMANT		Addi	ress			
No			None	W.	Brice Bran	mble	L Ceda	r St			
DATE CATE	o immediate DUE TO 151. (c) OTHER SIGNIFICANT CON	o) o :} IDITIONS_(						'EN IN PAI	RT 1(o) 1	9. WAS PERFO	RMED?
		or 20d. II		Placi	OF INJURY (Home, for	m.   20f. (Cit		(	(County)		(State)
20c. TIME OF IN.	10	While at wor	k ot work	tocior	y, street, office bidg., e	1C.)					
21. I certify alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  220. BURIAL, CREMA REMOVAL (Spec	Clful F  ALFRED  TION, 122b. DATE THEREO	2. \ R.	MARYAN  22c. NAME OF CEMET	WOV	REMATORY	RA CAM	m the causes of street, city or town.	ind on the store)		te state	ATE SIGNE
Burial	Feb. 3	1957	Dorcheste	r Men			ridge		Mary		
23. FUNERAL DIRECT			ADDRESS	1		C'D BY REGIS	TRAR 246 REGIS	STRAR'S SI	UTAM	RE	1).
LeCompte F	uneral Servi	LCe !	Cambridge M	a.	DATE	2/5/6/	1 19-11	7	1110	ich,	my !

DATE 2/5/57

Cambridge Md.

VS A15 (4) 1SM 9/S5

LeCompte Funeral Service

CERTIFICATE OF DEATH

BUREAU V. S.

FEB 13 1957

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BUREAU V. S.

TEGI I HAM

BECEINED

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## TO INSTITATION ATTENDING PHYSICIAN: The low requires that the dank carificate III executed within 24 liburs after death. Tage 4 n by the funeral directar, and 2 should be filed with may be retained by the hospital or attending physicion. TO FU AL DIRECTOR: After this certificate has been signed by the attending physicion and completely to page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Page the registror prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

VS A1S (4) 15M 9/5\$

		1	749	CERTI	FIC.	ATE OF DI	EATH			Reg. Di		.40	3
1.	PLACE OF DEATH	chester Co		MARY	LAND	2. USUAL RESIDER o. STATE	Md .	re deceases	d lived. If institut b. COUNTY			_	
Н	b. C TY OR TOWN (If	outside corporate limi		c. LENGTH OF STAY	IN 1b	c. CITY OR TO		Iside corpo	rote limits, write l				
	Cambridge			1 Day		x 2 Churc	h Cre	ek M	d.				
	d. NAME OF HOSP TA		ive street o			d. STREET ADE		JOK II	CL E		0.	. 15 RES	IDENCE
	OR INSTITUTION	Md. Hosp	tel			Chur	ch Ci	reek 1	Md.				NO TO
3	NAME OF	Fig		Middle		Last	011 01	4. DATE	Ma	oth	Day		fear
	DECEASED (Type or print)	John		Α.		Fitzhugh		OF DEATH	Feb.		23.		19 57
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	FD []	8. DATE OF BIRTH			9. AGE (In years last birthdoy)	IF UNDER	1 YEAR		
	Male	White	WIDOWE	_		July 5. 1	891		lost birthdoy)		Doys	Hours	Min,
1-3	. USUAL OCCUPATIO	N (G ve kind of work	done 10b	Transil .				r foreign c			IZEN OF	WHAT	COUNTRY?
D		ng life, even if retired	Dh	illips Pac	lei ne	Co. Go	lden	Hill	Mal	1	U.S.A	1	
	nillips Pac	SKTHE CO.	] [ ] [	TITIDS FAC	K-LIII	14. MOTHER'S M			PICL		J . W . F	7.0	
		. Fitabuah						Wilso	70				
15	WAS DECEASED EVER	r Fitzhugh	CES? 16	SOCIAL SECURITY NO	17.	INFORMANT	TIE	MITZO.		iress			
-{Yo	s, no or unknown] [1	F yes, give war or dates of t	ervice†	0-12-2165	1	rs. Alexan	don 1	74 teb	ngh C	hurch	Cnoc	b M	d
-	18 CAUSE OF DEAT	THE FEATURE COLUMN COLU		ne for (o), (b), and (c).		3. Alexan	idel .	7.0211	ugii O	Hat CH		EVAL BE	
		H WAS CAUSED BY	71	to to top, top, and tep.	1.	0	.6.	, ,			ONSE	TAND	DEATH
		IMMEDIATE CAUSE (		Joe to		700	A Company of the Comp	ويك			(0)	, £	77-)
	420.1	DUE TO	, (	XV		1 2. to	-	1200	36 1 1		1/	1970 1	7
	Canditions, if an	mediate		0 00 1 20	/	1 1	1	U.C.	William and	*******			/~
	couse (a), stating the lying couse lost.	he under-	, a	ueu-	· 0	Se,	ر. سام	()					
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEAS	E CONDITION GI	YEN IN PAR	1-7	PERFO	AUTOPSY RMED? NO
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY )	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	ED. (Enter noture of i	njury in Po	ort t or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. If	Not while	20e. Pl	LACE OF INJURY INdectory, street, office to	ome, form,	20f. (City	r or town)	(	County)		(State)
ME	р. т.	19	of war										
	21. I certify the	at I attended the	decease	ed from	3	. 19 57.	to Z	12:	5 . 19 3	/that I	last say	w the	deceased
	alive an	123	. 19	42	death	occurred at	5,50,	M. from		7-1			
		1/ -2-	٠٠٠٠	,					treat, city or town				ATE SIGNED
	ACTUAL SIGNATURE	1		24. 22		40 104	40	cer	47-	57		1/2	5/2
		1111				M.D. Land Stanks	4						
L	PHYSICIAN'S NAME (Type)	V-77 11 5	for t	< 5			711	38	- 6	4			
22	BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THERE	)F	22c. NAME OF CEM	ETERY C	OR CREMATORY		22d. LOCA	TION (C ty. town,	or county)		(Stote	e)
_	urial	Feb. 26.	1957	T DOLOKICO N	er l	Mem. Park			ridge		Md		
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		2	24a. REC'D	BY REGIST	FRAR 245. REG	ISTRAR'S SI	GNATURE		1)
L	eCompte Fu	neral Serv	ice	Cambridg	e Mo	1	DATE-2/	27/3	1/	hn	2010	24	2th

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04500

BUREAU V. K.

USA I SOLL

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01764

CERTIFICATE OF DEATH
----------------------

Reg. Dist. No.

1	PLACE OF DEATH		-9 X 1	,		2. U	SUAL RESIDENCE (WH	ere decease			before ac	lmission)
		hester Co.		MAI	RYLAND	Q.	Md.		b. COUNT	Dorche	ster	Co.
	b. CITY OR TOWN (If RURAL and give need	outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 16	c.	CITY OR TOWN (If a	utside carp	prote limits, write I	RURAL and give	negrest	town)
	<u>Cambridge</u>			2 Days		13	Cambridge	Md.				
,	d NAME OF HOSPITA	LE (If not in hospital, s	ive street	address)		/ d	. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
	Cambridge						117 Cedar S	St.				NO M
3	NAME OF DECEASED	Fi	nit .	Midd			Lost	4. DATE OF	Ma		Day	Year
	(Type ar print)	Lena		Elzy			hugh	DEATH	Feb.		0,	1957
5	SEX	6. COLOR OR RACE	7. MARI	RIED 🔯 NEVER MAR	RIED 🔲	8 DAT	E OF BIRTH		9. AGE (In years last birthday)	Manths Da		
	Female	Thite	WIDOW	- 1-1		A-0-1	ch 21, 1890	-	66 yrs			urs Min.
Λ.P	On. USUAL OCCUPATIO during most of worki	N (Give kind af work ng life, even if retired	dane 10b. )	. KIND OF BUSINESS	OR INDU	STRY		ar foreign (	tountry)			HAT COUNTRY?
Y_	<u> Housewife</u>			None			Bucktown			U.S	3.A,	
11	3. FATHER'S NAME					14.	MOTHER'S MAIDEN N	IAME				
	John W	Elzy					Mary C	, Insl	Ley			
	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	10. 17. I	NFORM	AANT		Ade	dress		
Л,	No	1 yes, give war ar acres or t		None	Mi	r. I	Baldwin Fit	tzhugl	117 Ce	edar St.		
F		TH [Enter only one co	use oer li					1	,			L BETWEEN
		H WAS CAUSED BY:		1/4.		/	5 1 1		-		ONSET	NO PEATH
		IMMEDIATE CAUSE (	)	700	vica	2/1	un ong	an	40-71			alary.
	deny.	DUE TO		V			U				94	
	Canditions, if an		1									
	gave rise to in cotto (o), stating t	V DITE TO										
	lying cause last.	011061-	1									
1	PART IL OTH	· · · · · · · · · · · · · · · · · · ·	,	CONTRIBUTING TO D	DEATH BUT	NOT R	ELATED TO THE TERMI	NAL DISEAS	SE CONDITION GI	VEN IN PART 16	a) 19 W	AS AUTOPSY
Contient Annual										,	PE	RFORMED?
100	20g ACCIDENT WAS	S LINDERLYING (T	20h DES	CRIRE HOW IN HIP	OCCUPPE	D (Enk	er nature of injury in f	Part Lot Po	rt II of item 18.)		,,,,	T HO (I)
100	OR CONTRIBUTING	UNDERLYING TO CAUSE OF DEATH		TENDE TIOTT WOOK	O CCORRE	or ferm	ar holdre or injury in a					
			1001		20- 01	1 CF ()	E INTRIBATION FOR	Look ser				***
ALEGNETA	Hour a.m.		While	NJURY OCCURRED Not while	fai	cloty, s	F INJURY (Home, form Ireet, affice bldg., etc.	, ; 201. (Cil .) {	y or town]	(Cau	nty}	(Stote)
14	p.m.	19	ow to									
	21. I certify the	at Lattended the	deceos	ed from Z	15		. 19 J 7 to	- 2	( 19 J	2thot Llos	t saw t	he deceosed
	olive on 7	-16	19	17 and the	at death	occi	rred of 5	DM Fro	m the couses			
		12	7	,, , , , , , , , , , , , , , , , ,		0000		ADDRESS (S	ilreet, city or lawn	. stote)		DATE SIGNED
	ACTUAL	Jarene	. /	11 anna	15		126 Ra		+ - Ca.	la de	1,1	2/7/-
	SIGNATURE			110-1-100	VCI V	M.D	1.20010			may ,	1	
	PHYSICIAN'S	LZWYP	NCE	Mar	1171	. 4 1 .	m.D					
F	NAME (Type)			/ ( 4 /	Jan	0 1	<del>,</del>					
2	20. 8URIAL, CREMATION REMOVAL (Specify)	V. 226. DATE THERE	)F	22c. NAME OF CE	METERY O	R CREA	MATORY	22d. LOCA	TION (City, town,	ar county)	(	(State)
	Lurial	Feb. 9. ]	957	Dorchest	ter M	em.	Park_	Caml	oridge	Md.		
2	3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'I	D BY REGIS	TRAR 246 REG	ISTRAR'S SIGNA	ATURE	3)
	LeCompte Fu	neral Serv	rice	Cambridge	e Md.		DATE 2	18/3	1 1/2	hn Y.	na	cupa
of the												

Z . V UASTUR

LEGEINEU STEEL

MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY **b.** COUNTY e. STATE MARYLAND Dorchester Co. buriol. b. CITY OR TOWN (If outside corporate fimils, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) and give negrest town) Life Salem. Md/ Sa lem Md. ector. 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Salem. Md. Sa lem.Md. NAME OF DATE Middle Month DECEASED OF (Type or print) DEATH 2 Charles Gorre ξ 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. B. DATE OF BIRTH 77 -2-09 5. SEX 9. AGE (In years Male White WIDOWED [7] DIVORCED T yrs, 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) ond Salem, Md. Farming å Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME moy podes e Pages Poge 5 r Helen Hodson John Gore IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Addness (If yee, give wor or dotes of service) Give Mrs. Charles Gore Salem. Md. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY BRAIN LUOUND THROUGH SUNSHOT IMMEDIATE CAUSE (o) DUF TO ×ih Conditions, if any, which gove rise to immediate couse certificate shauld DUE TO (a), stating the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 00 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW, INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or fawn) factory, street, office bldg., etc.) While Not while 8 2957 of work of work 7/50 acm. to the Chief Media writing 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection deoth resulted from: Natural causes [ ], Accident [ ], Suicide [ ], Hamicide [ ], Undetermined cause S M.D. CHIEF MEDICAL EXAMINER SIGNATURE RAL ASSISTANT MEDICAL EXAMINER G G R. MARYANOV, M.D. ALSTOPPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 Buria Dorchester Mem. Park Cambridge 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY, REGISTRAR 240 REGISTRAR'S SIGNATURE LeCompte Funeral Service Cambridge Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01765

Dorchester Co.

e. IS RESIDENCE

YES NO

Year

IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

NSTANT

PERFORMED? YES |

DATE SIGNED

NO L

(Stote)

1957

Min.

Reg. Dist. No.

IF UNDER TYFAR

U.S.A.

(County)

Inquiry

Months

VS. A15ME(S) 5M 9/55

BUREAU V. &

LEB SZ 1821 DECEINED

VS A15 (4) 15M 9/\$6 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1750 CERTIFICATE OF DEATH

01766 Reg. Dist. No. //6

100											
1	PLACE OF DEATH	chester		MAR	YLAND	2 USUAL RESIDENCE o. STATE Mary		d lived If institut b. COUNTY			odmission)
	b. CITY OR TOWN (	f outside corporate limi	ts, write	e. LENGTH OF STAT	Y IN 16	c. CITY OR TOWN		rote limits, write	RURAL ond g	give neares	t town]
		nbridge		8 years		Mech	anics V	alley			
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g Eastern Sho	re St	oddress) ate Hospi	tal	d STREET ADDRESS					S RESIDENCE ON A FARM? ES NO X
3	NAME OF	Fir	st	Middl	•	Last	4. DATE	Mo	nth	Day	Year
	(Type or print)	Jose	ph	G.		Grant	OF DEATH	Febr	uary	19	19 57
5	. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARR	IED 🔼	B. DATE OF BIRTH		9 AGE (in years lost birthdoy)			UNDER 24 HRS
L	M	W	WIDOW			12-12-75		81. yrs	Months	Doys H	lours Min.
11	Og. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11 BIRTHPLACE (SE	ote or foreign c	ountry)	12. CIT	ZEN OF V	VHAT COUNTRY
L	Nor			-		Marylan	d		U.S	3.A.	
1;	3. FATHER'S NAME	7.1.77.0				14. MOTHER'S MAIDE	N NAME				
	US	leh W. Gra	nt			Annie ?					
13	Yes, no, or unknown)	R IN U. S. ARMED FOR		SOCIAL SECURITY N		NFORMANT			ress		
L	Unkr	1.		-	H	CORDS- East	ern Sho	re State	Hospi	ital	
		TH [Enter only one co	1161	he for (o), (b), one (c)	nija	O aslite					AL BETWEEN AND DEATH
	A 36, 16	IMMEDIATE CAUSE (o	) 40		ME	Cours					
	Conditions, if o		18.	torios	000	ALIS QUE	uraling	1			
	gove rise to i	mmediate (		esto -	7	weeks per	7	N		-	
	lying couse lost.	the under-	71	rental	de	peeting	*				
2	PART IL OTE	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TE	RMINAL DISEASI	CONDITION GI	VEN IN PART	[ ](0) [19. ]	WAS AUTOPSY
CATION		MA	167	rectrities	W -	-					PERFORMED?
CEPTIF		S UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (	OCCURRE	). (Enter nature of injury	in Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye	20d. II	Not while	20e. PL	ACE OF INJURY (Home, for	arm, 20f. (City	or town)	(C	ounly)	(Stole)
AAF	p. m.	19	at wor	k ot work							
	21. I certify th	at lattended the	deceas	ed from 2 -	2		7-19-	195	that I I	ast saw	the deceased
ı	alive on	-18-	<u>_, 12S</u>	, and tha	t death	occurred at 45	AM, from				
П	5	-	1111	- 0				reel, city or town,			DATE SIGNED
П	ACTUAL SIGNATURE	duni ,	ill)	ord		M.D. E.S.S. Hos	pital,C	ambridg <b>e</b>	Md.	2-19-	-57
	PHYSICIAN'S Ed	lwin J. War	d, M.	D.							
2	O. BURIAL CREMATIO	R. 226. DATE THEREO	F	222-NAME OF CEN	ETERY O	CKEMATORY	22d_LOCAT	ION (City, town,	or county)		(Stote)
3	MURLINE !	2.22,5	7	D. of Und .	Mea	· (chool	Da	trum	my	1	•
23	. FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	1	/ 24 R	CIDY RESIDE	IN CENTRECI	STRAR'S SIG	NATURE	
L	rennt	ヒルドリ	DYK	or Car	Alle	LYC MY DATE		1301/	Jan !	Ma	re lance

DELATED THE

Ca mbridge, Md.

VS. A15ME/51 5M 9/55

LeCompte Funeral Service

BUREAU V. S.

SECEINED

VS A15ME(5) 5M 9/55 01768

Rea.	Dist.	No.	

1. PLACE OF DEATH				2. USUAL RESIDENCE (V	Where decess			ce befor	e odmission)
	Dorcheste	r	MARYLAND	Mar	vland	b. COUNTY	Dor	che	ster
b. CITY OR TOWN	lé outride corporate finits, write it	TURAL	c. LENGTH OF STAY IN 16	t. CITY OR TOWN (II	Foutside corp	ocrate limits, write	RURAL ond o	give neo	rest fown)
	ng Creek.	Md.		/ Fishi	ne Cr	eek. Md			
	TAL OR INSTITUTION (IF		ital, give street address)	d STREET ADDRESS	****	0032		-	. IS RESIDENCE
				/ Run	٥٦			- 1	ON A FARM? YES NO TO
3. NAME OF			14,111			41 4			
DECEASED	First		Middle	Lost	4. DATE OF	Month		Day	Year
(Type or print)	Bonnie		Jane	Hall	DEATH	Februa:		.0,	1957
S. SEX	6. COLOR OR RACE 7	- MARRIEI	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		F UNDER 24 HRS.
Female	White V	WIDOWED	DIVORCED [	6/14/56		yn.	Months 2	6	Hours Min.
	ON (Give kind of work do	ne 10b, KI	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign c	ountry)	12. CITIZI	EN OF 1	WHAT COUNTRY?
None	ng lite, even it refired]		None	Cambr	idoe.	Ma.	11	s.	Α.
13. FATHER'S NAME			110110	14. MOTHER'S MAIDEN I		11102		• • •	17.0
	anlaw Wall			Janet					
	anley Hall			1	пттт				
(Yes, no. or unknown)	/ER IN U. S. ARMED FORC	VIOX) 16. 5	OCIAL SECURITY NO. 17.	INFORMANT		Address		_	
no			None	R. Stanle	y Hal	1 Fi	shing	Cr	eek,Md.
18. CAUSE OF DEA	LTH Enter only one cause	per line fo	or (a), (b), and (c). ]					INTERVA	AL BETWEEN AND DEATH
PART I. DEA	TH WAS CAUSED BY	Th f	rd and Four	th degree	burns	entir	<b>6</b>		istant
71, -	IMMEDIATE CAUSE (o)		body	011 405100				adv de s	13 Vali v
1/6.0	DUE TO		body						
Conditions, if a	diote couse								
(o), stoting the									
couse fost.	) (c)							<u> </u>	
Z PART II, OT	HER SIGNIFICANT CONDI	TIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INALDISEAS	E CONDITION G.VE	N IN PART		WAS AUTOPSY PERFORMED?
<u> </u>									S . NO.
PART II, OT	USE WAS 20b.	DESCRIBE	HOW INJURY OCCURRED.	Enter nature of Injury in Par	t Lor Part II	of item 18.)			
20g. EXTERNAL CA PRIMARY OF OF CO CAUSE OF DEATH.	NTRIBUTING []	m .	3 1 . 3						
	IRY Month, Day, Year		ped in burr		n 20£ (City	or fown)	{Coun	fv1	(State)
20c. TIME OF INJU		, While	Not while for	tory, street, affice bldg., etc	1	*	-		
2:30	2/10/19 5	7 of wor	k at work X	Home	r'i	shing C	reek.		Md.
21. I certify t	hat I took charge o	of the re	emains described ab	ave, held an Autaps	у 🔲 , 📑	rspectian 🔼,	Inquiry		and find that
death resulted	from: Natural co	uses 🗀	, Accident X, Sc	icide 🔲, Hamicide	- [], Ui	ndetermined co	ouse [].		
/			7		trans-		_		
ACTUAL	telen.	271	0	CHIEF MEDICAL E	XAMINER IT			(	DATE SIGNED
SIGNATURE				M.D. CHIEF MEDICAL E.	_		2/11/	<b>ሻ</b> 7	
EXAMINER'S	- Tohn Mo	- T	2			. —	-//	7	
NAME (Type)			r.	DEPUTY MEDICAL					
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF	1	22c, NAME OF CEMETERY O	r crematory	22d. LOCA	TION (City, town, o	r county)		(Stote)
Burial	2/12/5	7	Dor Mem.	Park	C	ambridge	e		Md.
23. FUNERAL DIRECTO			ADDRESS	24a. REC	D BY REGIST	RAR 24 REGIS	TRAR'S SIGN	NATURE	7)
LeCompte	Funeral S	ervi	ice Cambrid	ge, Md. DATE	11/1/5	1 Joh	n. Y	MA	cu In.
					1 1 -1	1 13/ 10	141	1	1 1

CEGIA ED

5M 9/55

01769

Reg. Dist. No.

I. PLACE OF DEATH o. COUNTY	Dorchest	er.	MARY	LAND	2. USUAL R	ESERGE (W		sed lived. If Insti b. COUN	Ty Porch		
b. CITY OR TOWN	If outside corporate timits, writ		c. LENGTH OF STAY		c. CITY C	Ψ		porate limits, writ			
Cambrid	*		l Dav			ishin	_	•	yland		
		If not in	hospital, give street address	1)	1, -	ADDRESS					. IS RESIDENCE ON A FARM?
	Maryland F	losp.	ital				Rw	ral			YES NO
3. NAME OF DECEASED	Fir	alt .	Middle		Le	ne i	4. DATE OF	Mon	th	Day	Year
(Type or print)	Ra	lph	Hanse	1	Hal	L	DEATH	Febri	eary	10	19 57
5. SEX	6. COLOR OR RACE	7. MA	RRIED DEVER MARRIED	B.	DATE OF BIR	TH		9. AGE (In years lost birthday)	IF UNDER 1		IF UNDER 24 HRS.
Male	White	WIDO	WED DIVORCED		7/27/	1955		1. yn.		Doys	Hours Min.
10a USUAL OCCUPATI during most of worki None		dane 10	None	NOUSTI	Y 11 BIRTH	ishing				ZEN OF	WHAT COUNTRY
J3. FATHER'S NAME					14. MOTHER						
R. S	tanley Hal	ll			Ja	anet H	<u>i]]</u>				
15 WAS DECEASED EN	/ER IN U. S. ARMED FO		16. SOCIAL SECURITY NO.	17. BN	FORMANT			Addres	1		
No		,	No	J.	Stanle	ey Hal	1	Fishin,	, Creel	c, 1	id.
18 CAUSE OF DEA	TH Enter only one cou	ne per l	line for (o), (b), and (c). ]							INTER	YAL BETWEEN T AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Ŧ	Pulmonary E	dem	В					Ortise.	5 hr.
	DUE TO			-301.57.421							
Canditians, if a	ony, which ) the	Fir	est. Decond&	Thi	rd de	gree	burn	S			5 hr.
gove rise to imme	diole cause (					0					
couse last.	(c)									-	
PART II. OT	HER SIGNIFICANT CON	DITIONS	S CONTRIBUTING TO DEATH	BUTN	OT RELATED T	O THE TERM I	NAL DISEAS	E CONDITION GI	VEN IN PART		P. WAS AUTOPSY PERFORMED?
200 EXTERNAL CA PRIMARY PA or CO CAUSE OF DEATH.	USE WAS	b. DESC	RIBE HOW INJURY OCCUR	RED. (Er	iter noture of	injury in Part	I or Port II	of item 18.)			
	MIKIBOTII 45 L	m <sub>1</sub>	rapped in b	urr	ing h	ome					
ZOC. TIME OF INJU	RY Month, Day, Yes	ir 20	Od. INJURY OCCURRED 20	e. PLAC	E OF INJURY	(Hame, form,	20f. (Cit)	or town)	(Caur	nty)	(State)
Hour a.m.	2/70/ 191	< 7   ₩	Vhile Not while !!	racra	Home		'llis	hing Cr	eek		Md.
	hat I took charge		e remains described	abov				nspection K	Inquir	/ [3]	and find that
	I from: Natural		The second second			Homicide		ndetermined			and inia ma
	1		7			1011110100	Δ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ACTUAL	1-1	2	1		CHIEF	MEDICAL EX	AMINER [7				DATE SIGNED
SIGNATURE		1 10			_m.p.	ANT MEDICA	-	к <b>п</b> 2	/11/5	7	
EXAMINER'S NAME (Type)	Dr. John I	Vac.	e Jr.			Y MEDICAL E			-// -		
22a. BURIAL, CREMATIC	ON, 226. DATE THEREC		22c. NAME OF CEMETE	RY OR (					or county).		(Stote)
REMOVAL ISPECTY	2/12/		Dorem.	Par	k			TION (City, Jown, Cambra 16	C, .id.		faraidi
23. FUNERAL DIRECTOR			ADDRES\$			24a. REC'E	BY REGIST	RAR 24b-REG	ISTRAR'S SIGI	NATUR	E /1
LeCompta	e Funeral S	ervi	ce Cambr	idge	, Md.		11/5	2 1	1	VY	Par - 1/2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FEET ST 83-

Cambridge

Md.

VS. A15ME(5) 5M 9/55

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LeCompte Funeral Service

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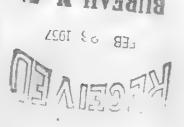
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cremation

buriol, Page

BUREAU & A



- 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	A of the terms
		• 1764 CERTIFICATE OF DEATH	01771 Dist. No.
	1. 5	LACE OF DEATH COUNTY DECKES LET MARYLAND  2. USUAL RESIDENCE (Where deceased Lied. If institution: Rem b COUNTY b COUNTY	dence before Edmission
	l	CITY OF JOWN (If outside corporate limits, write RURAL of STAY IN 1b c. CITY OF TOWN (If outside corporate limits, write RURAL of RURAL and give nearest town) 52 4 cm ; File Lock	nd give nearest town)
1-1		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
		AME OF ECEASED ype or print) Herman - Hurlock Sc DEATH 2/	Doy Yeor 2 195
	£.	Nake Joigh OR PACE 7. MARRIED NEVER MARRIED   8. DATE OF BIRTH   9 AGE (In years If UNI WIDOWED   DIVORCED   7. MARRIED MONTH WIDOWED   DIVORCED MONTH WIDOWED   MONTH WIDOWED MONTH	DER 1 YEAR IF UNDER 24 HRS us Days Hours Min.
7 /ct	10a	DISUAL OCCUPATION (Give hand of work done 10b_KIND OF BUSINESS OR INDUSTRY 13. BIRTUPLACE (Stote or foreign country)  On Many  (Stote or foreign country)  On Many  (Stote or foreign country)	CITYEN OF WHAT COUNTRY
	13.	ather's name don't know ) in more smaller same Suchock	
2,		NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 13 INFORMANT (If yes, give wor or dates of service)	Thedak De
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o) Chronic Cardiac Decompensation	INTERVAL BETWEEN ONSET AND DEATH OMOS
		conditions, if any, which) by Fibrosarcoma c Metastasis	10yrs
		gove rise to immediate cotse (a), stating the under- lying couse lost.  DUE TO  (c) Old Injury of gas gangrebe	25yrs
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	
	CERTIFIE	20a. ACCIDENT WAS UNDERLYING CONTRIBUTION OF DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	- Control Control
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Nour o. m. 19 While of work	(County) (Stole)
		21. I certify that I attended the deceased fram. 1/20, 19.56 to 2/2: 19.57, that	I last saw the decease
,		alive an 2/1, and that death accurred at 2.4-M, from the causes and ar ADDRESS (Street, city or town, state)	DATE SIGNE
		PHYSICIAN'S H4ROLU 13. Plummer	2/2-2-f-1/1.
	276	PURIAL, CREMATION, 226 DATE HEREOF, 23 JAME OF CEMETERY OR EXEMATORY 22d ACCATION (C.V.) town, or bount hemoval (Specify) 2/4/5 / Lashington	y) (Stotet)
4	23	RINERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S	SIGNATURE,
3		DATE OF THE CHA	an Amana

BECEINED

BUREAU V. S.

LEB 4 5 1825

VS A15 (4) 15M 9/55

		17	4	CERTIF	ICA	AIE OF D	EAII	H		Reg.	Dist. No.			
1.	PLACE OF DEATH o. COUNTY	orchester	2. USUAL RESIDENCE (Where deceased lived the institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester											
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge  c. LENGTH OF STAY IN 1b 6 Yrs. 11 Mo						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Eastern Shore State Hospital						d. STREET ADDRESS R.F.D., Cambridge, Maryland					e. IS RESIDENCE ON A FARME- YES NO PA		
3. NAME OF DECEASED (Type or print)		Willi	Middle Julian		क्रमु <u>क्त</u> ि	_	4. DATE OF DEATH		nth ruar;	ary 23		Year 19 57		
5.	SEX M	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED  DIVORCED		8 DATE OF BIRTH	00		9 AGE (In years lost bushday) 50 yrs	Month:	Doys	Hours	Min.	
	Business	king life, even if retired	done 10b.	Clothing S			ACE (Stole		ountry)	12 (		S.A	COUNTRY	
3.	FATHER'S NAME					14. MOTHER'S	MAIDEN I	NAME						
	WM. Howa	rd James				Mar	garet	Bens	on					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 19	NFORMANT			Ad	śress				
	No			42.		Eastern_	Shore	State	Hospit	al				
CERTIFICATION	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]								INTE	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: Pneumonia								ONS	ONSET AND DEATH				
	Conditions, if any, which			Pneumonia								4 d	ays	
		ouse (o), stoting the <u>under</u> DUE TO								Several Yrs				
	PAIT II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THETERM	INAL DISEASI	CONDITION GI	VEN IN P	ART 1(o) 11	PERFO	AUTOPSY PRMED?	
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURREC	(Enter nature of	injury in	Port I or Port	II of item 18.)					
MEDICAL	20c. TIME OF INJUR Hour a. j., p. m.	Y Month, Day, Yes	While	NJURY OCCURRED 2 Not while k of work	Oe. PLA foc	ACE OF INJURY II- tory, street, affice	tome, form bldg., etc	n, 20f. (City	or town)		(County)		(Stole)	
	21. I certify that Lattended the deceased from Nov 19 50, to 2-23- 19 57, that I last saw the deceased alive on 2-23 19 57, and that death occurred at 11.30PM, from the causes and on the date stated above													
	ACTUAL SIGNATURE	Simon '	Viz	-	,			ADDRESS (St	ceet, city or town	, state)		D/	ATE SIGNED	
	PHYSICIAN'S NAME (Type)	Simon Virl												
220	BURIAL, CREMATIO		157	areen la			ary	22d. 10CAT	ION (City, town;	or county	1	(State	e)	
23.	FUNERAL DIRECTOR		nero	ADDRESS SCILL	ع		24a. REC*	D BY REGIST	RAR 240 REG	STRAR'S	SIGNATUR	E	21	

BUREAU V. S.
MAR 1- 1957

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01773 **CERTIFICATE OF DEATH** Reg. Dist. No. 2 JUSUAL RESIDENCE (Where deceased fixed If institution: Residence before addission PLACE OF DEATH o COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUMA) Tongingive neorgi lown) d NAME OF HOSPITAL (If not in hospital, give street oddress) e IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? YES A NO NAME OF Middle 4. DATE last Day Year OF DEATH DECEASED (Type or print) awvence 190 6 COLDE ORRACE 7. MARRIED TO NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH. Manths Days WIDOWED [ DIVORCED [ 100 USHAL OCCUPATION (Give kind of ward done 10b. KIND OF BUSINESS OR INDUSTRY dying most of working life, exact retail) SIRTHPLACE (State or foreign country) 12. CITHEN OF WHAT COUNTRY? 13 EATHER'S NAME F hours 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. AP INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c). ONSELAND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** catse (a), stating the underlying couse last. PART NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO 19. WAS AUTOPSY PERFORMEDE NO 250, ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg, etc.) Hour a.m. While Not while 19 at wark of work p. m. 21. I certify that I attended the deceased from Lithat I last saw the deceased and that death occurred at 2105 PM, from the causes and on the date stated above. alive an DIRECTOR: ADDRESS (Streets city or lown DATE SIGNED state) ACTUAL U O HOSPITAL PHYSICIAN'S NAME (Type) DATE THEREOF BURIAL, CREMATION, 226. 22c. NAME OF CEMPTERY OR 22d LOCATION (City lower, or county) \(State 5 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 245/REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

BUREAU V. S.

SECENAED

## MARYLAND STATE DEPARTMENT OF HEALTH

1 1766

## 2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Diet. No.

Lend riliaria	3=1-57 -6
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	1 thong rund
OR give nearest town)	OR CITY (Il outside corporate limits, write RURAL and give nearest town)
TOWN	TOWN S. RELY JEEC.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RICHARD	STREET / (If rural, give location)
3. NAME OF DECEASED (First) Wargaret Sarah	Moci Last Jeb, 24 1957
5. SEX 6. COLORION RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH O. AGE last birthday if under I year if under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country)  ALL omas (ountry)  Q 12. CITIZEN OF WHAT  COUNTRY CONTRACT
IS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Sample	Emma Katie Kellan
15. Was Decrased Ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONERT AND DEATE
acesto Pa	THE ORBITAND DEATH
Immediate cause (a)	rowary thrombosis
Antecodent congo(s)	3/ aloup
Antecedent cause(s) Diseases or conditions, if any, (b)	Typerlemen 1 year
giving rise to the above cause stating the underlying cause last	
(c) Disgenerative	head disease about
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yee No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  NJURY INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
~/	
22. I hereby certify that I attended the deceased from	1 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
alive on, 19. , and that death occurred at	ADDRESS DATE SIGNED
Grong 4 Suely , & M	b berlin hd 2/25/57
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOGATION (City, town, or county) (State)
DATE REC'D, BY LOCAL REGISTRAR'S CIONATURE REG. 3/1/6/7	24. FUNERAL DIRECTOR ADDRESS
The state of the s	

PLEASE WRITE PLAINLY, WITIM UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

BUREAU V. S.

7881 & **AAM** 

BECEINED

physician

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BUREAU V. S.

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BECEINED

MA				NT OF HEALTI		•	18 Reg. Dist.	0177 No.	6
PLACE OF DEATH O. COUNTY Cambridge	or. Co.)	MARY	LAND	e. STATE Mairy	There decee	sed lived. If Institu b. COUNT		before admissi Lester	onj
b. CITY OR IOWN (If outside corporate by one give the manifest Idse. M	d.	1 Day	IN 16	XO Fishin			RURAL and gi	ve nearest fown	)
d. NAME OF HOSPITAL OF INSTITUT Cambridge Karylan			5)	d. STREET ADDRESS Rura	al			e. IS RESI ON A YES	
NAME OF DECEASED (Type or print)	First ranklan	Middle R.	Reg	ini <b>a</b>	4. DATE OF DEATH	Month 2	10	Day Yeo	57
Male White	WIDOWE			11/14/1950		9. AGE (In years lest birthday) 6 1 yrs.	Months Do		24 HRS. Ain.
o. USUAL OCCUPATION (Give kind of during most of working tite, even if re None	work done 10b. : lired}	None	NDUSTR	Y 11. BIRTHPLACE (Stote	or foreign (	ountry)		S.A.	UNTRY?
Russell Regin	ia			14. MOTHER'S MAIDEN N Janet					
WAS DECEASED EVER IN U. S. ARM		SOCIAL SECURITY NO.		Stanley Hai	ll	Address Fishi	ng <sup>C</sup> ree	ek, Md.	
PART I. DEATH Enter only C PART I. DEATH WAS CAUSED IMMEDIATE CAU	IIV.	for (o). (b), and (c).]	lems					INTERVAL BETWEEN DISET AND DEATH	
Conditions, if ony, which)	(b) First	st,Second,	&Th	ird degree	e bur	ns		5 hr	•
PART II, OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERMI	NALDISEAS	E CONDITION GIV	EN IN PART 1(	PERFORM	

CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) burning house MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) While Not while of work of work factory, street, office bldg., etc.) Hour 2:30 Fishing Creek 21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection X, Inquiry X, and find that death resulted fram: Natural causes ..... Hamicide ... Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 2/11/57 ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 5 John Mace Jr 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] (Stote)

Cambridge, Maryland

240. REC'D BY/REGISTRAR

246 REGISTRAR'S SIGNATURE

Dor. Mem. Park

Cambridge, Md.

ADDRESS

VS. A15ME(S)

REMOVAL (Specify)
Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Le Compte Funeral Service

2/12/57

SACE SEED ASS.

that the death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DEALESE!

BUREAU V. S.

/ADDRESS

Cemeley

240 REC'D BY, REGISTRAR

(State)

246. REGISTRAR'S SIGNATURE

HOSPITAL 9

REMOVAL (Specify)

MILA

23. FUNERAL DIRECTOR'S SIGNATURE

BUREAU V. A.

LEB .; 1025

BECEINED

death:

within 24

HOSPITAL

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MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	-BAL	TIMORE,	11
17 MEDICA	AL EX	AMINER'S	CERT	IFICATE	OF	DEATH	

01780

N	P57A	0.1 .	
teg.	Dist.	PIO.	

1. PLACE OF DEATH 0. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
<u>Dorchester</u> MARYLAND					o. STATE Maryland+ b. COUNTY Dorchester						
	ond girm negresi lown)	outside corporate limits, write	RURAL	e. LENGTH OF STAY II	N Ib	c. CITY OR TOWN (	If outside con	porole fimits, write	RURAL and	give near	est lown)
R	ural - Cam	bridge		Life		201 Belv	edere	Avenue.	Cambri	dge.	Md.
1	d. NAME OF HOSPITA	L OR INSTITUTION (I	nat in hosp	pital, give street address	)	d. STREET ADDRESS				0.	ON A FARM?
	Eastern S	hore State	Hospi	tal		201 Belv	edere	Avenue		Y	ES NO
3.	NAME OF DECEASED	Firs	1	Middle		Last	4. DATE OF	Month	1	Day	Yeor
	(Type or print)	Samuel		н.		Tolley	DEATH	Februa	ry	20	19 57
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. 1	DATE OF BIRTH		9. AGE (In years fort birthday)	Months D		UNDER 24 HRS.
	male	white	WIDOWED	DIYORCED [	ן כ	8-27-1870		86 yrs.	Woulds	rays in	SALZ WILL
10a	. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	one 10b. K	IND OF BUSINESS OR #	NDUSTR:	11. BIRTHPLACE (Stoh	e or foreign	country)	12. CITIZ	EN OF W	HAT COUNTRY?
	Packer			Seafood		Maryla	nd		υ	.S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Jeremia	h Tolley			1	M	lary Ca	skey			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INI	ORMANT		Address			
_	no	top on		18-34-9210	E	astern Shor	e Stat	e Hospite	al Rec	ords	
	18. CAUSE OF DEAT	H [Enter only one cour	e per line f	or (a), (b), and (c).]						INTERVAL ONSET AN	BETWEEN ND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IIromia									1 wkik	
	446 X DUE TO										
	Conditions, if ony, which) 61 Nephroxclerosis									?	
	gove rise to immediate couse (a), stating the underlying DUE TO										
	course tost. (c) Arteriosclerosis, generalized									2	
Ž O	PART H. OTH	ER SIGNIFICANT CON	OITIONS CO	NTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. \	WAS AUTOPSY PERFORMED?
A	Fre	cture of r	ight h	ip						YES	
CERTIFICATION	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 or Port 1 or Port 10 of item 18.)										
	CAUSE OF DEATH.			eased slipp							
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	20d. if	Not while	e PLACE	OF INJURY (Home, for	m, 20f. (C't	y ar town)	(Cour	ity)	(State)
MEC	4:00 p. m.	1-10 15		k of work E				spital,	Cambri	dge,	Dor., M
	21. I certify the	at I took chorge	of the re	emoins described	abov	, held on Autop	sy 🔲, I	nspection 📆.	Inquiry	<b>T</b> , 0	and find that
	deoth resulted	from: Natural	ouses 5	, Accident ,	Suici	de 🔲, Homicid	e 🔲 , U	ndetermined o	ouse [].		
	7	-21 1		1, 1	4.6						
	ACTUAL SIGNATURE	& srie	e 8. 7.	thol	1	M.D. CHIEF MEDICAL E	EXAMINER [	]			ATE SIGNED
		0	- 7	7	1	ASSISTANT MEDI	CAL EXAMIN	ER 🔯 📗		2-4	0-57
	EXAMINER'S NAME (Type) E1	dridge H.	Wolff,	, M.D. 66	*	DEPUTY MEDICAL	EXAMINER	Zalda.			
220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREO	F	22c. NAME OF CEMETER	RY OR C	REMATORY	22d. LOC/	TION (City, town,	or county)		(State)
	Burial	2-23-57		Oorchester 1	Memo	rial Park	Can	bridge,		Ma	ryland
23-	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240. REC	D BY REGIS	TRAR 24h REGIS	STRAR'S SIGI	NATURE	/)
五	of carrie	te Tiene	ial,	Lewise (	-6-W	TA. YOUR DATES	428/3	1 John	m/	lac	U /W
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01782 Reg. Dist. No.

a. COUNTY I	Dorchester	MARYLAND	o. STATE Mary	land	b. COUNTY	Dorches		
RURAL and give n	(If outside corporate limits, write neorest town)	entire life	c. CITY OR TOWN	(If outside corpor	rote limits, write R	URAL ond give n	earest town)	
OR INSTITUTION	TAL (If not in hospital, give stree Cambridge-Maryl		1	d. STREET ADDRESS 707 Radiance Drive				
NAME OF DECEASED (Type or print)	First Phillip	Middle Sherwood	Yates	4. DATE OF DEATH	Feb.11,1	.957 C	Oay Year X	
Male	6. COLOR OR RACE 7. MAI		8. DATE OF BIRTH April 24,1	895	9. AGE (In years lost birthday)  Of yes.	Months Days	R IF UNDER 24 HRS Hours Min.	
during most of wor Salesman	ON (Give kind of work done 10th rking life, even if retired) Self Employed	, KIND OF BUSINESS OR INDU	Ostry 11. BIRTHPLACE (SI		ountry)		OF WHAT COUNTR	
FATHER'S NAME	William B. Ya	tes	14. MOTHER'S MAIDE Mattie	Robinso	on		<u>-</u>	
Yes, no. or unknown	ER IN U. S. ARMED FORCES? 16  World War I		INFORMANT illiam B.Yat	1 - 1 -	adianca, idge, Ma			
Conditions, if of gove rise to couse (o), storing tying couse lost.  Part II. Or Charles of Charles of Contributive or Contrib	the under- ther significant conditions ystis with	eroid thera	T NOT RELATED TO THE TE	erminal disease	condition Given due	EN IN BART I(a)	19. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF INJUI Haur o. fi. p. m.	While		LACE OF INJURY (Hame, I actory, street, office bldg.,	form, 20f. (City	or town)	(County	) (Stote	
21. I certify to olive on		sed from Jan 3 57, ond that death mdille Burdette	M.D. Cambr	ADDRESS (St	the couses of	and on the desire)	saw the deceas ote stated above DATE SIGN	
20. BURIAL, CREMATIC REMOVAL (Specify BUTTLET	ON. 226. DATE THEREOF Feb. 13, 1957	East New Mark		22d. LOCAT	ion (City, town, o	ket, Md.	(Stote)	
I. FUNERAL DIRECTOR		ADDRESS		EC'D BY REGIST	RAR 245. REGIS	STRAR'S SIGNATO	re h	

in by the funeral director, and 2 should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

D F. TAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pathe registrar prior to buriol, cremation, or removal, and in any event within 72 mous after death.

retained by the hospital or attending physician.

CERTIFICATE OF DEATH

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